

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

2005 Renewal Application for ACTIVE Professional Engineer

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CS CK/PC # _____

\$20.00

\$30.00

\$40.00

YOUR LICENSE EXPIRES ON DECEMBER 31, 2004

Professional Engineer Renewal Fee:

\$20.00 – if postmarked prior to Dec. 31, 2004

Professional Engineer REINSTATEMENT Fees:

\$30.00 – January 1, 2005 to February 28, 2005

\$40.00 – March 1, 2005 to June 30, 2005

You must complete this form, sign, date and return with payment postmarked no later than December 31, 2004. Make personal, business, cashier's check or money order payable to PE & PLS Fund (cash or credit cards not accepted). Please write your license number on your check or money order. One check with multiple registrants expedites processing time.

Please visit the online roster on our website to review the status of your renewal. As renewals are processed the renewal years will change to "2005". You may also verify your company information and mailing address.

Current Firm: _____
If your Firm, or the Firm you work for, offers engineering services in Arkansas, the Firm must have a Certificate of Authorization on file (call our office for further information).

Change of Preferred Mailing Address
(Only if a change is desired)

Daytime phone: _____ Fax: _____

Email: _____

Zip+4 extension if not shown or different from above _____

Part I You must complete this part of the form. *Parts II & III (on reverse side of form)* must also be completed unless you qualify for an exemption from the continuing professional competency requirements.

Part 1 – Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: The information contained herein is true and correct. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-30-101 et seq. and Rules of the Board, including the continuing professional competency requirements as indicated below and I agree to abide by the Rules of Professional Conduct. I understand that I may be audited by the Board of Registration for Professional Engineers and Land Surveyors and if audited, I will be required to submit documentation supporting my eligibility for license renewal. I further understand that failure to comply with such requirements, or any false statements made on this document, is a violation of the State of Arkansas and the Board's Rules and could be cause for disciplinary action.

☒ The Summary of Professional Development Hours (PDH) which I have earned during the period shown on the reverse side under Part II, is true and correct.

☒ I qualify for an exemption from Professional Development Hours based upon (please check one & INCLUDE APPROPRIATE FEES):

☒ New Registrant/Licensee since November 1, 2003

☒ Inactive Status

☒ Out of Country 120 consecutive days or more

☒ Exempt must be 65 (birth date: _____) and a registered engineer 25 yrs. (original registration date: _____)

☒ I am licensed in a state where I have met their mandatory Professional Competency requirement of at least 15 PDH per year (circle one of these approved states): AL GA IA KS LA MO MS MT NE NV NH NM NC OR SC SD WV WY, PE

☒ I do not wish to renew my Arkansas License. I am returning this form without renewal fee and request removal of my name from your active files.

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ PE # _____

Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social security number (NO EXCEPTIONS).

Part II	Detailed Listing of Activities:
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Professional Development Hours (PDH) earned from:	January 1, 2004 to December 31, 2004
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All activities must be relevant to the practice of engineering and may include technical, ethical or managerial content. This part may be duplicated if necessary. Do not send documentation of these activities. Documentation will be requested if you are selected for audit.

Dates Mo/Day/Yr		Sponsoring Organization's Name/Location (City and State)		Activity, Title & Description		Type Indicate A,B, Etc.	Engineer PDH Units Claimed (rounded to .5)